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ABSTRACT

The purpose of this study was to investigate the effectiveness of two death education seminars to create in the participants a better capacity to prepare for their own death and to cope with the death of others. An affective death education seminar was presented to 28 health education students, and a cognitive death education seminar was presented to 30 health education students. The Coping with Death Scale was used to measure four factors: Relating to Others about Death, Preparedness for One's Death, Coping with Personal Losses, and Knowledge of Funeral Arrangements. The affective seminar, with emphasized feelings, values, and probing discussions, did not produce significant differences on Relating to Others about Death, Preparedness for One's Death, and Coping with Personal Losses. The cognitive seminar demonstrated that factual information can be used to produce an improvement in the coping ability of individuals to make funeral arrangements. (BW)

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A Comparison of Cognitive and Affective Instruction on Coping Ability Toward Death

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TM 830 802

A Comparison of Cognitive and
Affective Instruction on Coping Ability Toward Death

Once a taboo subject in American society, the study of death and the process of dying has been an educational interest since the early 1960's (1) research studies report varied effects on death anxiety, death attitudes, and other death concerns as a result of death education programs (2), (3), (4). One conclusion by all of these researchers was that more empirical studies are needed which measure the outcomes of death education programs.

The purpose of this study was to investigate the effectiveness of two death education seminars to create in the participants a better capacity to prepare for their own death and to cope with the death of others. An affective death education seminar was presented to one group of students and a cognitive death education seminar was presented to another group of students to ascertain the effects of these two different death education seminars on the participants' ability to cope with the personal losses, preparedness for one's own death, relating to others about death, and knowledge of funeral arrangements.

Hypotheses

In order to investigate the effectiveness of the death education seminars, the following hypotheses were postulated:

Hypothesis 1. The participants in the affective seminar will obtain significantly more positive scores on relating to others about death as measured by the Coping With Death Scale than will the participants in the cognitive seminar and the control group.

Hypothesis 2. The participants in the affective death education seminar will obtain significantly more positive scores on preparedness for one's death as measured by the Coping With Death Scale than will the participants in the cognitive seminar and the control group.

Hypothesis 3. The participants in the affective death education seminar will obtain significantly more positive scores on coping with personal losses as measured by the Coping With Death Scale than will the participants in the cognitive seminar and the control group.

Hypothesis 4. The participants in the cognitive death education seminar will obtain significantly more positive scores on knowledge of funeral arrangements as measured by the Coping With Death Scale than will the participants in the affective seminar and the control group.

Methodology

A sample of 88 health education students were selected to participate in the study. Twenty-eight students were enrolled in the health education class that represented the affective group, thirty students represented the cognitive group, and thirty students represented the control group. Assignment to group was made through normal enrollment processes for health education classes. Assignment of treatment groups was randomly completed by draw. All three groups were similar in age and exposure to death education as reflected by pretest results.

Instrument

The Coping With Death Scale was the instrument used for this study. It is a 25 item scale which consists of four subtests namely, Relating to Others about Death, Preparedness for One's Death, Coping with Personal Losses and Knowledge of Funeral Arrangements. The items are arranged along a 5-point Likert-type scale with the lower the score being more positive agreement with the item. That is, strongly agree is scored as a 1, while strongly disagree is scored as 5.

Procedure

All groups were adminstered the Coping with Death Scale on a pretest-posttest basis. The treatment seminars consisted of six 55-minute sessions at the rate of three per week for two weeks.

The sessions for the affective seminar were designed to produce probing and clarifying of values and beliefs concerning death and dying. The activities emphasized feeling and attitudes about death through presentations, similations and discussions on euthanisia, abortion, grief, ethics and moral views.

The cognitive seminar consisted of presentations on funeral customs, the dynamics of grief, health care facilities, and the legal aspects of death. These seminar participants took a field trip to a funeral home and a cemetery where factual information related to death and dying were presented. The control group received no information between the pretest and the post-test.

Results

Pretest vs. posttest means scores were analyzed using two-way analyses of variance to assess the effects of the death education seminar and to devote interactions between these factors.

The grand mean scores, determined by the average of pretest and posttest mean scores, are shown by treatment group and by subtest in table 1. These scores indicate that there are no significant differences by treatment and by subtest except for knowledge of funeral arrangements. Therefore, hypothesis 1, 2, 3 were rejected.

Table 2 shows the ANOVA results for knowledge of funeral arrangements. A significant interaction effect ($F = 27.65$) between treatment groups and the pre-post assessments. Post hoc analysis indicated that there was a significant difference in means scores between the cognitive group and the other two on

post-test measures. The result was an acceptance of hypothesis 4 as written.

Discussion

This research studied the effectiveness of two types of seminars on four factors measured by the Coping With Death Scale. The affective seminar, which emphasized feelings values, and probing discussions, did not produce significant differences on relating to others about death, preparedness for one's own death, and coping with personal losses. Perhaps, these issues require a longer time period than was allotted by this study in order to be internalized and reflected in one's feelings or values.

The cognitive seminar demonstrated that factual information can be used to produce an improvement in the coping ability of individuals to make funeral arrangements. In fact, a visit to a mortuary, a visit to a cemetery, and planning one's own funeral seem to be appropriate mechanisms for producting the results.

Death educators must seek to improve their instructional procedures. This study indicates knowledge of funeral arrangements. One aspect about death and the dying process, can be appropriately investigated through the presentation of factual information.

Table 1 Grand Mean Scores by Treatment Group by Subtest

	Treatment Group		
	Affective	Cognitive	Control
Subtest			
Relating to others about death	2.52	2.36	2.64
Preparedness for one's own death	2.20	2.28	2.38
Coping with personal losses	2.38	2.31	2.40
Knowledge of Funeral Arrangements	2.77	2.41*	2.78

*p<.05

Table 2
ANOVA Analysis for
Knowledge of Funeral Arrangements

Source	df	ss	ms	f	prob
A (groups)	2	4.22	2.11	2.09	.15
S/A	75	75.74	1.00		
B (Tests)	1	2.28	2.26	14.55	.0003
AB	2	8.28	4.34	27.65	.000
S/AB	75	11.77	.16		

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